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APPLICANTS

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**** CONTINUING DATA *******

This appln claims benefit of 60/450,515 02/27/2003

**** FOREIGN APPLICATIONS *********** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY ****

04/21/2004

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Verified and Acknowledged	/NORA MAUREEN ROONEY/ Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	WI	0	16
					3

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TITLE

Marker proteins for diagnosing smooth muscle cell abnormalities

FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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